PROFORMA INVOICE

[Seller Name]
[Address Line 1]
[Country]
VAT/Tax ID: [Number]

INVOICE NO: [Number]

DATE: [YYYY-MM-DD]

EXPIRY DATE: [YYYY-MM-DD]

CONSIGNEE / BILL TO:

[Customer Name]
[Address Line 1]
[City, Postcode]
[Country]
Contact: [Phone/Email]

SHIP TO (IF DIFFERENT):

[Receiver Name]
[Address Line 1]
[City, Postcode]
[Country]

INCOTERMS 2020: [e.g. FOB/CIF/DAP]

PORT OF LOADING: [Name]

PORT OF DISCHARGE: [Name]

METHOD OF DISPATCH: [Air/Sea/Road]

CURRENCY: [USD/EUR/GBP]

COUNTRY OF ORIGIN: [Country]

HS Code	Description of Goods	Qty	Unit	Unit Price	Total
[Code]	[Product Details]	0	pcs	0.00	0.00
[Code]	[Product Details]	0	pcs	0.00	0.00

Subtotal: [0.00]

Shipping/Freight: [0.00]

Tax/VAT: [0.00]

TOTAL AMOUNT: [CUR] [0.00]

PAYMENT TERMS:

[e.g. 100% Prepayment / L/C at sight]

BANK DETAILS:

Bank Name: [Name]
SWIFT/BIC: [Code]
IBAN: [Number]

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AUTHORIZED SIGNATURE & STAMP